



# University of Connecticut Health Center

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TO: Public Health Committee

FROM: Jane E. Palley, MSW  
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DATE: February 14, 2007

RE: Proposed Bill No. 5076  
"An Act Concerning An Appropriation For A Fetal And Infant Mortality  
Review Program"

My name is Jane Palley, and I am the Coordinator of the New Britain Fetal and Infant Mortality Review program. I am also Director of Family Planning in the Department of Obstetrics and Gynecology at the University of Connecticut Health Center. I am submitting this testimony in support of Proposed Bill No. 5076, "An Act Concerning An Appropriation For A Fetal And Infant Mortality Review Program."

The Department of Public Health has announced a significant change in its approach to fetal and infant mortality in Connecticut. As of June 30, 2007, DPH will discontinue its support of community-based, action-oriented programs and instead pursue a statewide surveillance process. As Coordinator of one of the five current FIMRs, I am very concerned about the impact this change will have on our efforts in these communities.

While I support the need to address fetal and infant deaths on a statewide basis, the importance of locally based community action and involvement in improving birth outcomes cannot be overstated. Since FIMR began in 1998, our Case Review and Community Action Teams have accomplished a great deal. A suspension of this initiative will undoubtedly result in a reversal of the progress made over the last nine years.

New Britain is a community with significant social, economic and health challenges. Our rates of infant and fetal mortality, teen pregnancy and related indicators consistently rank among the highest in the state. These are problems that must be addressed at the community and state levels. The support by DPH for our FIMR initiative has enabled us to continually monitor our birth outcomes and service systems, identify and respond to gaps in service, and work to implement improvements.

The community teams are the only established collaborative networks dedicated to maternal and child health. Some of the achievements that have resulted from FIMR include:

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- Bereavement support services for Spanish-speaking families
- Grand Rounds on periodontal disease and pre-term birth attended by OB/Gyns and pediatricians; linkage with Community Health Center Oral Health Collaborative
- Identification of the need to improve birth certificate reporting of adequacy of prenatal care
- Establishment of community fund to cover fetal burial costs for indigent families
- Grand Rounds on prenatal screening for STDs and obstetric infections
- Improved protocol for scheduling postpartum visiting nurse home visits for all mothers following an infant or fetal loss

There is certainly a need to address fetal and infant deaths on a statewide basis. It would, however, be a mistake to do this at the expense of existing community networks. The relatively few dollars invested in the FIMR model have resulted in tangible improvements in local services.

Reduction of infant and fetal mortality requires a two-pronged approach: 1) continual data collection, monitoring and analysis; and 2) action at the community level to improve systems of care and, ultimately, birth outcomes. Your support of Proposed Bill No. 5076 will ensure that we do not lose ground in this important struggle.

In order to insure the continuation of community-based efforts, I urge the Public Health Committee to support Proposed Bill No. 5076 with the following changes. I would ask that the bill specifically require:

1. Continuation of the five existing FIMR programs (Greater New Haven, Hartford, Manchester-Vernon, New Britain and Windham); and
2. Establishment of new FIMR programs in at least three additional Connecticut communities, to be determined based on need.

Your support is crucial to the continuation of active, effective communication action that monitors and improves local perinatal service delivery systems. Without DPH funding for coordination of these efforts, the established community networks in all likelihood will cease to function. We hope you will give urgent attention to assessing the Department of Public Health's new plan to address fetal and infant mortality. While we would all agree that a statewide approach is necessary, it is crucial that community-based efforts—particularly in high-risk cities and towns—not be abandoned.

Thank you for your attention to this important matter.

 2/14/07

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